

State of New Jersey Department of Labor and Workforce Development DIVISION OF WORKERS' COMPENSATION WC-100 (r. 8-27-2015)	ORDER <input type="checkbox"/> JUDGMENT <input checked="" type="checkbox"/> APPROVING SETTLEMENT	CASE NO.'S. 2019-16413 VICINAGE: Newark
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NAME
SONYA ROYSTER

MEDICAL REQUEST ☐ YES ☒ NO

REDACTED

PF 380 WATSESSING AVENUE
BLOOMFIELD, NJ 07003

VS

NAME
BAYADA HOME HEALTH CARE

ADDRESS
160 EAST MAIN STREET, SUITE B
LITTLE FALLS, NJ 07424

NAME
WEBER GALLAGHER

ADDRESS
1 CROSSROADS DRIVE, SUITE 102A
BEDMINSTER, NJ 07921

TELEPHONE NUMBER (AREA CODE)
973-242-2706

APPEARING
RICHARD D. ARNOLD, ESQ.

FEDERAL EMPLOYER NUMBER

NAME
JONATHAN H. ROSENBLUTH, ESQ.

ADDRESS
76 SOUTH ORANGE AVENUE, SUITE 105
SOUTH ORANGE, NJ 07079

TELEPHONE NUMBER (AREA CODE)
973-761-5333

APPEARANCE
JONATHAN H. ROSENBLUTH, ESQ.

NAME
GALLAGHER BASSETT SERVICES

ADDRESS
P.O. BOX 1508
MOUNT LAUREL, NJ 08054

CLAIM NUMBER 004109-020991 WC 01

DATE OF ACCIDENT OR OCCUPATIONAL EXPOSURE 04/11/2018

DESCRIBE (briefly)

PETITIONER FELL IN POT HOLE INJURING HER RIGHT ANKLE.

ADMINISTRATIVE DISMISSALS
(List Other Insurance Carriers to be
dismissed from case, without prejudice):

Weekly Wages: \$ 341.41 Rate(s): \$ 241.00 / \$ 235.49

IF RE-OPENED PETITION, INDICATE FOR LAST AWARD:

Date: Award: Permanent Paid: \$ Temporary Paid: \$

THIS MATTER HAVING COME BEFORE THE COURT ON THIS 27 DAY OF January, 2021

☐ ORDER FOR JUDGMENT

It appearing that the Petitioner suffered a compensable injury on the above mentioned date while in the employ of respondent:
It is Ordered and Adjudged that Petitioner be awarded compensation benefits, payable as indicated on Page 2.

☒ ORDER APPROVING SETTLEMENT

The parties having settled the matter and a finding by the Court having been made that the terms of the settlement are fair and just;
It is Ordered that this settlement be approved and the petitioner be paid as indicated on page 2.

PERMANENT DISABILITY (Describe Percentages below followed by the Nature and Extent of Injury and Members involved):

30 % of RIGHT FOOT ☒

LESS 7.5% FOR A PRE-EXISTING INJURY. SPRAIN AND STRAIN OF THE RIGHT ANKLE WITH TORN ANTERIOR TALOFIBULAR LIGAMENT WITH INSTABILITY STATUS POST RIGHT ANKLE ANTERIOR TALOFIBULAR LIGAMENT REPAIR AND TARSAL TUNNEL RELEASE WITH RESIDUAL SYNOVITIS WITH LOSS OF RANGE OF MOTION.



State of New Jersey
Department of Labor and Workforce Development
Division of Workers' Compensation

WC-100 (r. 8/18/15)

☐ JUDGMENT
☐ APPROVING SETTLEMENT

Case No.: 2019-16413

Vicinage: NEWARK

DISABILITY AWARDED:

TEMPORARY: _____ weeks at \$ _____ = \$ _____ less \$ _____ paid = Balance due \$ _____
PERMANENT: 66.750 weeks at \$ 236.99 = \$ 15,952.58 less \$ _____ paid = Balance due \$ 15,952.58

☐ Bonafide Voluntary Tender ☐ Non Bonafide Voluntary Tender ☐ Reopener Credit ☐ N.J.S.A 34:15-43 ☐ Other _____

MEDICAL BILLS (Doctors and/or institutions) AND/OR MISCELLANEOUS INFORMATION:

Adequate as paid.

<input type="checkbox"/> ORDER FOR CHILD SUPPORT		<input type="checkbox"/> MEDICARE ADDENDUM ATTACHED		<input type="checkbox"/> ADDENDUM ATTACHED		
ALLOWANCES	REIMBURSE	TAX ID	TOTAL AMT. ALLOWED	PAYABLE BY PETITIONER	PAYABLE BY RESPONDENT	
Medical Fee Allowed: (report and/or testimony) DR. KULKARNI OF SALLMYERS		223368976	600.00	300.00	300.00	
Interpreter:						
Attorney(s) Fee: JONATHAN H ROSENBLUTH ESQ			3190.00	1076.00	1917.00	
Stenographic service: GUY J RENZI & ASSOCIATES INC		223190096	74.00		74.00	
Miscellaneous Fees: (list below) REIMBURSEMENT TO JONATHAN ROSENBLUTH FOR MEDICALS			150.00	150.00		

☐ This Court finds the parties adequately considered Medicare interest, be that as it may, should a Medicare issue arise, this Court retains jurisdiction.

WE HEREBY CONSENT TO THE ENTRY AND FORM OF THIS ORDER
AND ACKNOWLEDGE RECEIPT OF COPY

JONATHAN H ROSENBLUTH ESQ, Attorney for Petitioner

PETITIONER

WEBER GALLAGHER SIMPSON STAPLETON, Attorney for Respondent

THE COURT FINDS THIS SETTLEMENT FAIR AND JUST.

PHILIP TORNETTA
JUDGE OF COMPENSATION

DATE

THE ORIGINAL OF THIS DOCUMENT, SIGNED BY THE JUDGE OF COMPENSATION WILL BE MAINTAINED ON FILE IN THE DIVISION OF WORKERS' COMPENSATION, PURSUANT TO N.J.S.A. 34:15-121 PLACED.

State of New Jersey Department of Labor and Workforce Development Division of Workers' Compensation PO Box 381 Trenton, New Jersey 08625-0381		EMPLOYEE CLAIM PETITION		Case No.: _____ Vicinage: _____	
REDACTED		REDACTED			
PETITIONER	<input type="checkbox"/> SSN is Not Available				
	NAME: SONYA ROYSTER				
	ADDRESS: 380 WATSESSING AVENUE BLOOMFIELD, NJ 07003				
	DATE OF BIRTH: 08/23/1965 SEX: Female				
<input type="checkbox"/> A guardian or other representative is filing on behalf of the petitioner. See supplemental page for details.					
VS.					
EMPLOYER	NAME: BAYADA HOME HEALTH CARE				
	IF EMPLOYER IS KNOWN BY DIFFERENT NAME PLEASE INDICATE HERE:				
	ADDRESS: 163 EAST MAIN STREET, SUITE B LITTLE FALLS, NJ 07424				
	INDICATE THE STATUS OF THE EMPLOYER: INSURED				
<input type="checkbox"/> Individual corporate officers or others are also named as respondent(s). See supplemental page for details.					
ATTORNEY FOR PETITIONER	NAME: JONATHAN H ROSENBLUTH ESQ				
	ADDRESS: 76 SOUTH ORANGE AVE SUITE 105 SOUTH ORANGE, NJ 07079				
	TELEPHONE NUMBER: (973) 761-5333 Ext. FAX NUMBER: (973) 761-0456				
INSURANCE CARRIER / TPA	NAME: GALLAGHER BASSETT SERVICES				
	ADDRESS: P.O. BOX 1508 MOUNT LAUREL, NJ 08054				
	CARRIER CLAIM NUMBER: 004109-020991 WC 01				
	<input type="checkbox"/> See supplemental page for additional carriers				

TO THE DIVISION OF WORKERS' COMPENSATION - INJURY AND EMPLOYMENT DETAILS:

Date of Accident or Last Exposure: 04/11/2018		Occupational Disease: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Occupational Disease Give Periods of Exposure:	
Where Injury Occurred (incl. town and county): 99 Gregory Avenue, Passaic, Passaic County, New Jersey.			How Injury Occurred: Petitioner was getting patient out of car and stepped off the curb and into a pothole.		
DESCRIBE EXTENT AND CHARACTER OF INJURY: If there has been amputation or disability to any member or impairment of any physical function, explain fully: Torn right ligament in right foot/ankle.					
Date Stopped Work: 02/28/2019	Date Returned to Work:	Date Injury Reported: 04/11/2018	Injury Reported To Whom: Sarah, Scheduling Coordinator	Occupation and Type of Work: Nurse	
Gross Wages:	Wage Period: Weekly	Rate of Temp. Comp.:	Weeks of Temp. Disability Paid:	Temporary Disability Paid:	Permanent Disability Paid:
Employer Furnished Medical Aid: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

- ☐ Demand is hereby made for answers to standard occupational disease interrogatories. [N.J.A.C.12:235-3.8(f)]
- ☒ Demand is hereby made for all records of medical treatment, examinations and diagnostic studies. [N.J.A.C.12:235-3.8(c)]

ARE YOU MEDICARE ELIGIBLE OR A MEDICARE BENEFICIARY?

☐ YES ☒ NO
☐ YES ☒ NO
☐ YES ☒ NO

WERE YOU ELIGIBLE FOR MEDICAID BENEFITS AT THE TIME OF THE WORK INJURY?

DID YOU BECOME ELIGIBLE FOR MEDICAID BENEFITS AFTER THE WORK INJURY?

What other facts are there that you believe important?

☐ YES ☒ NO

WERE YOU ELIGIBLE FOR MEDICAID BENEFITS AT THE TIME OF THE WORK INJURY?

☐ YES ☒ NO

☐ YES ☒ NO

Name and Address of Employer	Dates of Employment

Song Reep
Petitioner

June, 20 19

9K

DIVISION OF WORKERS' COMPENSATION